Australian Government

Comcare

AUTHORITY/REMOVAL OF AUTHORITY TO ACT ON EMPLOYEE'S BEHALF

This form is used to collect information needed when an employee advises Comcare that they have legal representation or some other form of representation such as family members, a union delegate or another person, to represent them in claims matters or to deal with Comcare on their behalf.

This form also allows injured workers to revoke any previous authorities for a representative to deal with their claim.

EMPLOYEE'S DETAILS

Your Comcare claim reference number(s)

Family name

Given name(s)

Your residential address

State Postcode

Home phone number Mobile

REPRESENTATIVE'S DETAILS

Title (e.g. Mr, Mrs, Ms) Family name

Given name(s) Date of birth / /
(for identification purposes only

Postal address

State Postcode

Contact number

Relationship with injured worker

I ☐ GIVE OR ☐ NO LONGER GIVE PERMISSION FOR THE PERSON NOMINATED IN THIS FORM TO:

(please tick the appropriate box in the statement)

☐ Act on my behalf (this includes receiving all correspondence and making decisions relating to my claim including but not limited to claiming benefits, requesting reviews, requesting personal information)

☐ Discuss all matters relating to my claim

EMPLOYEE'S DECLARATION

I declare that the information I have supplied on this form is true and accurate. I am aware that I must notify Comcare in writing if I wish to amend or revoke this authority.

Signature Date / /